

OCT 22 1935

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

25686

1. PLACE OF DEATH

County Jackson Registration District No. 389  
Township 1st Primary Registration District No. 1102  
City St. Louis (No. General Hosp. #2) St. 2nd Ward

File No. \_\_\_\_\_  
Registered No. 25686  
St. 2nd Ward

2. FULL NAME

(a) Residence, No. 1212 Agnes St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-6-1870</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>7</u>
	DAYS <u>25</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>		
FATHER	13. NAME <u>Wrightson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Medical Clerk General Hosp. #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge Day</u> DATE <u>9-5-35</u>		
19. UNDERTAKER (ADDRESS) <u>Wiley - Crest Young 62nd</u>		
20. FILED <u>9-5-35</u> 11. M. Crowe Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-10, 1935, to 8-31, 1935  
I last saw him alive on 8-31, 1935 Death is said to have occurred on the date stated above, at 3:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Acute Miliary Tuberculosis of Lungs and Liver  
Other contributory causes of importance:  
Toxemia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. O. Brown, M. D.  
(Address) General Hosp. #2

WRITE PERMANENTLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

